

ACTION SLIP

UNCLASSIFIED

S/S CONTROL NUM

972 8735784

DUE IN  
S/S BY: 12/16/93

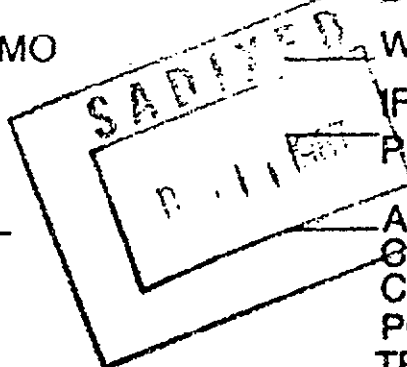
ACTION ASSIGNED TO: EVR-SOB

ACTION REQUESTED:

STATE TO MEMO

PRESIDENTIAL

CONGRESSIONAL

WITH DRAFT REPLY FOR SIGNATURE  
BY:

WITH COMMENT/RECOMMENDATION

IF NO SIGNED ORIGINAL IS NECESSARY  
PREPARE CROSS-HATCH CABLE.AFTER CROSS-HATCHING, SEND A  
COMEBACK COPY OF OUTGOING STATE  
CABLE AND ORIGINAL WH CORRESPONDENCE,  
UNDER COVER OF A  
TRANSMITTAL FORM, BACK TO WH.STATE TRANSMITTAL FORM  
TO NSCS OVPIF NO REPLY IS NECESSARY, RETURN  
ORIGINAL WH CORRESPONDENCE UNDER  
COVER OF A TRANSMITTAL FORM.DIRECT REPLY  
ON BEHALF OF President  
FOR SIGNATURE BY #travel authorization  
X Provide info copy under cover of  
State NSCS transmittal formREPLY FOR SIGNATURE  
BYProvide comeback copy  
forRECOMMENDATION FOR  
with Memorandum for the President

UNDER COVER OF AN ACTION MEMO

with reply for signature

APPROPRIATE HANDLING

FOR YOUR INFORMATION

MARKS/SPECIAL INSTRUCTIONS:

AR WITH:

DEPARTMENT OF STATE  
IS/EPC/CDR WH Date: 10/14/93  
EXEMPTIONS ( ) NON-RESPONSE INFO

COPIES TO:

<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> M/COMP	<input type="checkbox"/> S/ARN	<input type="checkbox"/> S/NP
<input type="checkbox"/> D	<input type="checkbox"/> AF	<input type="checkbox"/> M/DGP	<input type="checkbox"/> S/ART	<input type="checkbox"/> S/P
<input type="checkbox"/> P	<input type="checkbox"/> ARA	<input type="checkbox"/> M/FSI	<input type="checkbox"/> S/DEL-3	<input type="checkbox"/> S/OIC
<input type="checkbox"/> E	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> M/MO	<input type="checkbox"/> S/CPR	<input type="checkbox"/> S/R
<input type="checkbox"/> T	<input type="checkbox"/> CIP	<input type="checkbox"/> M/WHL	<input type="checkbox"/> S/CT	<input type="checkbox"/> S/PP
<input type="checkbox"/> M	<input type="checkbox"/> DS	<input type="checkbox"/> M/SC	<input type="checkbox"/> S/IL	<input type="checkbox"/> AID
<input type="checkbox"/> C	<input type="checkbox"/> EAP	<input type="checkbox"/> M/OFM	<input type="checkbox"/> S/EEOCR	<input type="checkbox"/> ACD
<input type="checkbox"/> S/S	<input type="checkbox"/> EB	<input type="checkbox"/> NEA	<input type="checkbox"/> S/CL	<input type="checkbox"/> USIA
<input type="checkbox"/> S/S-O	<input type="checkbox"/> ECA	<input type="checkbox"/> OES	<input type="checkbox"/> S/ESG	<input type="checkbox"/> D/P8
<input type="checkbox"/> S/S-EX	<input type="checkbox"/> EUR	<input type="checkbox"/> PA	<input type="checkbox"/> S/CSCE	
		<input type="checkbox"/> PM	<input type="checkbox"/> S/OIG	

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